Warrick County Health Department 107 W. Locust St., Suite 204 Boonville, IN 47601

Phone: (812) 897-6105 (Ext.5) Fax: (812) 897-6104

Application for 2017 Food Permit: Permanent Establishment

		ust be completed.		
	Bu	siness		n major kan naka maran
Facility Na	ame:			
Physical A	Address:			
	Street	City	State	Zip
Mailing A	ddress (if different):			
***************************************	Street	City	State	Zip
Phone Nu		Fax Numbe		
Email Add	dress:			
Certified I	Food Safety Employee(s):			
Manager	/ On-Site Supervisor:			
Business Hours: Number of Employees:				
Has owne	ership changed within the last 12	months? □	Yes 🔲	Vo
т		Mabile / Ton	*	
Type of E	Business: Permanent cation is for permanent establishments only.	<i>Mobile / Ter</i> Mobile / Temporary faci	riporary lities need to obtain	the proper application.
	O	wner		
Owner Name:		Phone Number:		
Mailing A	ddress:			
Dhone M	Street	Cit	y State	Zip
Phone No	umber:	Cit Fax Number:	y State	Zip
Email Ad	umber:	Fax Number:	y State	
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Email Ad	umber: Idress: Idress should permit be mailed to Permit F Number of Employees 1 Thru 5	Fax Number: □ Facility □ Eee Schedu	☐ Owner le: Permit Fee \$75	
Email Ad	umber: Idress: Idress should permit be mailed to Permit F Number of Employees 1 Thru 5 6 Thru 25	Fax Number: □ Facility □ Eee Schedu	Owner /e: Permit Fee \$75 \$100	
Email Ad Which ad	wmber: Idress: Iddress should permit be mailed to Permit F Number of Employees 1 Thru 5 6 Thru 25 26 Thru 50 51 or more Submitted: \$ Method o	Fax Number: Pacility Fee Schedu Facility Facility Facility	☐ Owner Owner Ow	Money Order
Email Ad Which ad	umber: Idress: Iddress should permit be mailed to Permit F Number of Employees 1 Thru 5 6 Thru 25 26 Thru 50 51 or more	Fax Number: Pacility Fee Schedu Facility Facility Facility	☐ Owner Owner Ow	Money Order
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